

FILING FOR E-RATE FOR PLAIN OLD TELEPHONE SERVICE FOR A LIBRARY **SYSTEM WITH BRANCHES**

Step 1—Form 470

Deadline for 2010-2011 is January 13, 2010. Deadlines are posted at:

* <http://www.universalservice.org/sl/tools/deadlines/default.aspx>

E-rate Contact Information:

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A technology plan is not required to file for Plain Old Telephone Service but is required for discount or reimbursement of all other services.

December 3, 2009

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Before You Begin:

- ▶ Best Practice: Keep a copy of all forms and communications about your E-rate application in an E-rate folder or binder by year.
- ▶ The American Library Association (ALA) E-rate Taskforce recommends that the Library Director check to make sure that there is a Library Board item recorded granting the library director the “authority” to complete the E-rate process on behalf of the library before filing the Form 470. Consider including authority to file the Letter of Agency with MOREnet.
- ▶ A printout of this board action should be kept with the E-rate documentation to make it easier to locate in event of an E-rate audit.
- ▶ Rebecca Miller of MOREnet periodically sends out notices that provide information on E-rate through a listserv usf@lists.more.net. If you are not receiving mail from this listserv and would like to, please contact Rebecca Miller.

How much will we get back? Finding the Percentage of Free and Reduced Lunch

- ▶ Look up your School District Free and Reduced lunch percentage when it becomes available at: <http://www.more.net/services/e-rate/resources/statistics/index.html>
- ▶ Notice that there are “Statistics” columns for “Schools: Use This Data” and “Libraries: Use this Data”. (Shown in the screenshot on the lower left). Choose the section (under the arrow below) that contains the school district closest to the library.
- ▶ Scroll down the list that comes up to find line for your school district. The column on the right end (circled) is your percentage. Multiply that % times your telephone bill*—this is approximately what you would receive.
- ▶ An updated list of Eligible/Ineligible services is posted by USAC each year at:
* <http://www.universalservice.org/sl/tools/eligible-services-list.aspx>

Statistics

E-rate Program Statistics

[National and Missouri statistics](#) about Years 1, 2 and 3 of the E-rate Program.

Missouri Free and Reduced Lunch Figures

The use of school district discount figures below is optional. You may use more recent school data if it is available and verifiable. For auditing purposes, if libraries use a school's Free and Reduced Lunch figures other than the figures below, it is recommended that libraries have that information available on the schools letterhead.

E-rate Year 2008-2009 Missouri Schools and Libraries E-Rate Discount Data	Schools: Use This Data	Libraries: Use This Data
	Academie Lafayette - Center 58 Centerville - Farmington Fayette - Hazelwood Henry Co. - Kansas City 33 Kearney - Maysville McDonald Co. - N. Kansas City 74 N. Mercer Co. - Richland Richmond - Springfield St. Charles Co. - Troy Twin Rivers - Zalma	Academie Lafayette - Center 58 Centerville - Farmington Fayette - Hazelwood Henry Co. - Kansas City 33 Kearney - Maysville McDonald Co. - N. Kansas City 74 N. Mercer Co. - Richland Richmond - Springfield St. Charles Co. - Troy Twin Rivers - Zalma

E-rate Information

- [Application Process](#)
- [Assistance](#)
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- [E-rate Program Statistics](#)
- [Missouri Free and Reduced Lunch Figures](#)
- [District Location Chart](#)
- [Technology Plan](#)

E-rate Discount Data - Year 2008 E-rate Services MOREnet - Windows Internet Explorer									
http://www.more.net/services/e-rate/resources/statistics/ht/2008/henry-ks.html									
View Favorites Tools Help									
E-rate Discount Data - Year 2008 E-rate Services ...									
	District Name	County Name	Building Name	Urban or Rural	Total # of Students	# of Students Eligible for NSLP	% Students Eligible for NSLP	Discount From Discount Matrix (school)	SLD Weighted Avg Discount % (district)
	HENRY CO. R-I	HENRY	WINDSOR ELEM.	RURAL	395.00	221.00	55.95%	0.8	76%
	HENRY CO. R-I	HENRY	WINDSOR HIGH	RURAL	289.00	111.00	38.41%	0.7	76%
	HERMITAGE R-IV	HICKORY	HERMITAGE ELEM.	RURAL	186.00	112.00	60.22%	0.8	80%
	HERMITAGE R-IV	HICKORY	HERMITAGE HIGH	RURAL	93.00	56.00	60.22%	0.8	80%
	HERMITAGE R-IV	HICKORY	HERMITAGE MIDDLE	RURAL	50.00	26.00	52.00%	0.8	80%
	HICKMAN MILLS C-1	JACKSON	BAPTISTE EDUCATIONAL CTR.	URBAN	32.14	30.00	93.34%	0.9	85%
	HICKMAN MILLS C-1	JACKSON	BURKE ELEM.	URBAN	522.21	391.00	74.87%	0.9	85%
	HICKMAN MILLS C-1	JACKSON	CRITTENTON CTR.	URBAN	50.38	50.28	99.80%	0.9	85%
	HICKMAN MILLS C-1	JACKSON	DAY TREATMENT	URBAN	31.73	30.00	94.55%	0.9	85%
	HICKMAN MILLS C-1	JACKSON	DOBBS ELEM.	URBAN	414.75	281.00	67.75%	0.8	85%
	HICKMAN MILLS C-1	JACKSON	ERVIN JR. HIGH	URBAN	797.44	574.00	71.98%	0.8	85%
	HICKMAN MILLS C-1	JACKSON	HICKMAN MILLS SR. HIGH	URBAN	1,138.30	708.00	62.20%	0.8	85%
048072	HICKMAN MILLS C-1	JACKSON	INGELS ELEM.	URBAN	433.88	366.00	84.36%	0.9	85%
	HICKMAN								

The Process

Four Forms are filed to complete the E-rate process

1. **Form 470**—Description of Services Requested and Certification Form—Universal Service Administrative Company (USAC) responds with a letter on colored paper, for FY2009, the paper is yellow
2. **Form 471**—Services Ordered and Certification Form—USAC responds with a “Receipt Acknowledgement Letter” then after the application has been thoroughly reviewed and all questions cleared up, the library receives a “Funding Commitment Decision Letter” on the same color of paper
3. **Form 486**—Services Confirmed—USAC responds with an “Applicant 486 Notification Letter”
4. **You have a choice: Form 472**—Billed Entity Application Reimbursement—USAC responds with a BEAR Notification Letter, which the library can correct errors on and resubmit if needed. You have the option to file the
OR Form 474 to receive discounts on your bills. See the comparison on slide 8 before deciding which form to file

See the next slide for the timeline

Timeline

- ▶ **Form 470** is filed after July 1 each year for the next Fiscal Year, with a deadline around mid-January
- ▶ **Form 471** is filed at least 28 days after the Form 470 is posted on the USAC Website
- ▶ **Form 486** is submitted no later than 120 days after the date of the Funding Commitment Decision letter OR 120 days after the Service Start Date, whichever is later (*if the beginning of the telephone service to be partly funded is July 1, 2009, the deadline would be 120 days later or October 29, 2009)
- ▶ **You have a Choice:** **Form 472** is filed periodically (quarterly is recommended) no more than 120 days after the date of the Form 486 Notification Letter OR 120 days after the last date to receive service, whichever is later (**if the last date of service is June 30, 2011, the deadline for the last quarterly report would be October 28, 2011). Reimbursement by check or credit is received Quarterly
OR Form 474–Service Provider Invoice Form, which is used if you would like to have your bills discounted before you receive them

A chart of the timeline is located at:

<http://www.more.net/services/e-rate.steps.html>

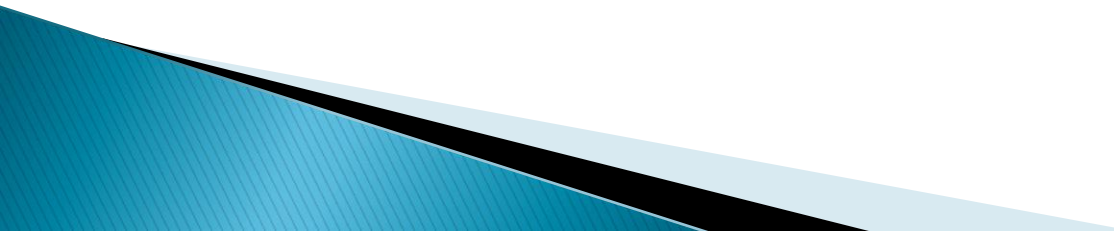
*Assumption is that the Funding Commitment Decision Letter was dated before service began (July 1, 2010)

**Assumption is that the date of the Form 472 Notification Letter is dated before the last date to receive service (June 30, 2011)

Filing for E-rate

- The Federal Communications Commission (FCC) Form 470 (Description of Services Requested and Certification Form) opens the process.
- This form can be filed after July 1 each year for the next fiscal year.
- This form gives USAC your library's contact information and tells them what the service(s) are that you are requesting discount or reimbursement for.
- The Form 470 can be completed online.
- The online form is available at:
<http://www.sl.universalservice.org/menu.asp>
- The paper form for draft purposes is available at:
<http://www.universalservice.org/sl/tools/required-forms.aspx>

Discount or Reimbursement?

- ▶ The result of applying for a “Discount” is that the discount amount is applied to your bill before you get it. (This is not recommended by ALA at this time since this method does not allow the library to confirm that services were discounted or that the discount was applied correctly.)
 - ▶ Applying for a “Reimbursement” means that you will pay your full bill and receive the money back as a lump sum when you request it quarterly, semi-annually, or annually. (Quarterly is recommended)
- 

The Following Slides will Lead you Through Completing the FCC Form 470!

- First Timers: Print the paper form to see what information you need.
- Block 1: Applicant Address and Identifications
- Applicant's Form Identifier—this is YOUR number, it can be any combination of letters and numbers such as (Name–Date):
XYZ–PUB–LIB–10–01–08
- Checkmark “Library” in section 5 (Continued on the next slide)

Applicant's Form Identifier (Create your own code to identify THIS Form 470) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Form 470 Application #: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Block 1: Applicant Address and Identifications		
<div style="margin-bottom: 20px;"> 1 Name of Applicant <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 2 Funding Year July 1, <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> through June 30, <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 45%;"> 3 Entity Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> <div style="margin-top: 20px;"> 4a Street Address, P.O. Box, or Route Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="margin-top: 20px;"> City <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 20%;"> State <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 40%;"> Zip Code <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> b Telephone Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 15%;"> Ext <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div> <div style="width: 40%;"> c Fax Number <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> <div style="margin-top: 20px;"> 5 Type of Application <div style="display: flex; flex-direction: column; gap: 10px;"> <div> <input type="checkbox"/> Individual School (individual public or non-public school) </div> <div> <input type="checkbox"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) </div> <div> <input type="checkbox"/> Library (including library system, library outlet/branch or library consortium as defined under </div> </div> </div>		

Summary Description of Needs or Services Requested—Block 2

- The top section you see here is the bottom part of Block 1
- In Block 2 select 7a for Telephone and/or Cellular Phone Service
- NOTE: If using a cellular phone, all calls must be for business use only! If the cellular phone will be used for personal calls, the portion of the service used for personal calls is ineligible and must be removed from the eligible amount.
- Cellular Phones that have Internet access should not be filed for E-rate service reimbursement here. They need to be filed as “Internet Access”.

State		Zip Code	
<input type="text"/>		<input type="text"/>	
Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.			
<input type="checkbox"/> c Telephone Number		<input type="checkbox"/> d Fax Number	
<input type="text"/>		<input type="text"/>	
<input type="checkbox"/> e E-mail Address			
<input type="text"/>			
<input type="text"/>			

Block 2: Summary Description of Needs or Services Requested

7 This form 470 describes (check all that apply):

a. ☐ Tariffed or month-to-month services to be provided without a written contract. A new Form 470 must be filed for non-contracted tariffed or month-to-month services for each funding year.

b. ☐ Services for which a new written contract is sought for the funding year in Item 2.
Check if you are seeking ☐ a multi-year contract and/or ☐ a contract featuring voluntary extensions.

c. ☐ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous funding year.

NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous funding year OR a contract signed on/before 7/10/97 and previously reported on a Form 470 as an existing contract do NOT require filing of a new Form 470.

What kinds of service are you seeking: Telecommunications Services, Internet Access, Internal Connections Other than Basic Maintenance, or Basic Maintenance of Internal Connections? Refer to the Eligible Services List at www.sl.universalservice.org for examples. Check the relevant category or categories (8, 9, 10 and/or 11 below), and answer the questions in each category you select.

Block 2—Continued

Telecommunications Service

- ▶ Section 8 of Block 2
- ▶ Do not check “a” unless you have an “Request for Proposal” (RFP) posted on a website inviting bids for your telephone or cellular service
- ▶ Checkmark “b” if you do not have an RFP
- ▶ Checkmark the second box to the right of “c” which is “Check this box if you prefer reimbursement after paying your bill in full.” (This is the preferred choice see Slide 8 for explanation)
- ▶ Complete the sections 1) Service or Function by typing in “Local and long distance telephone”
- ▶ Complete the 1) “Quantity and/or Capacity” by counting the number of outside telephone numbers you have, including numbers used exclusively for fax, toll-free, and enter the total.

Block 2: Summary Description of Needs or Services Requested (Continued)	
8 Telecommunications Services	Item 8, page <input type="text"/> of <input type="text"/>
<p><i>Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.</i></p> <p>a <input type="checkbox"/> YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at:</p> <p><input type="text"/></p> <p>or via (check one) <input type="checkbox"/> the Contact Person in Item 6 or <input type="checkbox"/> the contact listed in Item 12.</p> <p>b <input type="checkbox"/> NO, I have not released and do not intend to release an RFP for these services.</p> <p>Whether you check YES or NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g. local voice service) and quantity and/or capacity (e.g. 20 existing lines plus 10 new ones). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Telecommunications Services. Remember that only eligible telecommunications providers can provide these services under the universal service support mechanism. Attach additional pages if needed.</p> <p>c <input type="checkbox"/> Check this box if you prefer discounts on your bill. <input type="checkbox"/> Check this box if you prefer reimbursement after paying your bill in full. <input type="checkbox"/> Check this box if you do not have a preference.</p>	
<p>Service or Function</p> <p><input type="text"/></p> <p>1) Quantity and/or Capacity</p> <p><input type="text"/></p>	
<p>Service or Function</p> <p><input type="text"/></p> <p>2) Quantity and/or Capacity</p> <p><input type="text"/></p>	
<p>Service or Function</p> <p><input type="text"/></p> <p>3) Quantity and/or Capacity</p> <p><input type="text"/></p>	

EXAMPLE: If you have 10 numbers at one branch, 4 numbers at a second branch, and 5 numbers at the main library, you can enter 20. Your number should be a few more, not less than you currently have. You can not add more later.

Details About Eligible Telecommunications (Telephone) Services

<http://www.universalservice.org/sl/tools/eligible-services-list.aspx>

- ▶ 800 service
- ▶ Centrex
- ▶ Local phone service
- ▶ Long distance telephone service
- ▶ Plain Old Telephone Service
- ▶ Radio loop
- ▶ Wireless telephone services, e.g., cellular service and Personal Communications Services (PCS)
- ▶ Shared telephone service (Example: a library that shares a building with an entity such as a county's offices, only that portion of the shared service relating to the eligible use (the library's use) and location is eligible)

NOTE: Because technology changes from year to year, you will need to check the list each year to see what eligible services have been added.

Digital Telecommunications Components

This list is given to contrast from basic telephone service only—Digital services begin with a form 470 as well, but are not covered in this presentation.

To file for Digital Telecommunications, you must have a Technology Plan on file at the State Library. The source for a list of Eligible Services is:

<http://www.universalservice.org/sl/tools/eligible-services-list.aspx>

Eligible digital telecommunications technologies include, but are not limited to:

- ▶ Components required as an integral part of a digital transmission service are eligible for discount, such as: costs of a permanent virtual circuit (PVC) costs of trunk lines reasonable installation costs
- ▶ The telecommunications component of: a distance learning capability, video service, or interactive television is eligible for discount.
- ▶ Paging services are eligible for a library staff member in a mobile van
- ▶ Asynchronous Transfer Mode (ATM)
- ▶ Broadband over Power Lines (BPL)
- ▶ Digital Subscriber Line (DSL)
- ▶ DS-1, DS-2, DS-3
- ▶ Fiber optics
- ▶ Frame Relay
- ▶ Integrated Services Digital Network (ISDN, BRI, PRI)
- ▶ OC-1, OC-3, OC-12, OC-n
- ▶ Satellite service
- ▶ Switched Multimegabit Data Service (SMDS)
- ▶ T-1, T-2, T-3, Fractional T-1
- ▶ Wireless

Block 2—Continued

Section 9—Internet Access

- Skip this section if you are filing for telephone services only

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Contact Telephone Number _____

Block 2: Summary Description of Needs or Services Requested (Continued)

9 Internet Access Item 9, page of

Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.

a ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at:

or via (check one) ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 12.

b ☐ NO, I have not released and do not intend to release an RFP for these services.

Whether you checked YES or NO, you must list below the Internet Access services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internet Access services. Attach additional pages if needed.

c ☐ Check this box if you prefer discounts on your bill. ☐ Check this box if you prefer reimbursement after paying your bill in full. ☐ Check this box if you do not have a preference.

Service or Function

1) Quantity and/or Capacity

Service or Function

2) Quantity and/or Capacity

Service or Function

Block 2—Continued

Section 10—Internal Connections Other than Basic Maintenance

- Skip this section if you are filing for telephone service only

Contact Person _____	Contact Telephone Number _____
Block 2: Summary Description of Needs or Services Requested (Continued)	
10 Internal Connections Other than Basic Maintenance	Item 10, page <input type="text"/> of <input type="text"/>
<i>Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.</i>	
a <input type="checkbox"/> YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
or via (check one) <input type="checkbox"/> the Contact Person in Item 6 or <input type="checkbox"/> the contact listed in Item 12.	
b <input type="checkbox"/> NO, I have not released and do not intend to release an RFP for these services.	
<small>Whether you check YES or NO, you must list below the Internal Connections services you seek. Specify each service or function (e.g., a router, hub and cabling) and quantity and/or capacity (e.g., connecting 1 classroom of 30 students). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internal Connections services. Attach additional pages if needed.</small>	
c <input type="checkbox"/> Check this box if you prefer discounts on your bill. <input type="checkbox"/> Check this box if you prefer reimbursement after paying your bill in full. <input type="checkbox"/> Check this box if you do not have a preference.	
Service or Function <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
1) Quantity and/or Capacity <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Service or Function <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2) Quantity and/or Capacity <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Service or Function <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Block 2—Continued

Section 11—Basic Maintenance of Internal Connections

- Skip this section if you are filing for telephone service only

Contact Person _____	Contact Telephone Number _____
Block 2: Summary Description of Needs or Services Requested (Continued)	
11 Basic Maintenance of Internal Connections	Item 11, page <input type="text"/> of <input type="text"/>
<i>Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.</i>	
a <input type="checkbox"/> YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at: <input type="text"/> <input type="text"/> or via (check one) <input type="checkbox"/> the Contact Person in Item 6 or <input type="checkbox"/> the contact listed in Item 12.	
b <input type="checkbox"/> NO, I have not released and do not intend to release an RFP for these services. Whether you check YES or NO, you must list below the Basic Maintenance services you seek. Specify each service or function (e.g., basic maintenance of routers) and quantity and/or capacity (e.g., for 10 routers). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Basic Maintenance services. Attach additional pages if needed.	
c <input type="checkbox"/> Check this box if you prefer discounts on your bill. <input type="checkbox"/> Check this box if you prefer reimbursement after paying your bill in full. <input type="checkbox"/> Check this box if you do not have a preference.	
Service or Function <input type="text"/>	
1) Quantity and/or Capacity <input type="text"/>	
Service or Function <input type="text"/>	
2) Quantity and/or Capacity <input type="text"/>	
Service or Function <input type="text"/>	

Block 2—Continued

Contact Person for Technical Details

- Skip this section if you are filing for telephone service only unless there is another person on staff who could answer questions in the director's absence. This is used more for Internet Access and Internal Connections E-rate applications

12 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the Authorized Person who signs this form.

Name

Title

Telephone Number Ext. Fax Number

E-mail Address

13a ☐ Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures and/or provide a Web address where they are posted and a contact name and telephone number.

☐ Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470.

13b If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, you may summarize below (including the likely timeframes). If you are requesting services for a funding year to increase or decrease an existing item not to exceed 16 of 24 -

Block 3

Section 14–Basic Telephone Service Only

- Checkmark block 14 for discount or reimbursement of telephone service, including phone numbers, fax numbers, cellular phone numbers, 800– phone numbers, etc.
- Skip Block 15—this is a section you complete to receive bids or offers for ineligible services—Skip Block 15 unless you are interested in receiving information from providers and suppliers

Block 3: Technology Resources	
14	<input type="checkbox"/> Basic telephone service only: If your application is for basic telephone service and voice mail only, check this box and skip to Item 16. Basic telephone service is defined as wireline or wireless single line voice service (local, cellular/PCS, and/or long distance) and mandatory fees associated with such service (e.g., federal and state taxes and universal service fees).
15	Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check one or both boxes in Items 15a through 15e. You may provide details for purchases being sought.
Desktop software: Software required	
a	<input type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
Electrical systems:	
b	<input type="checkbox"/> adequate electrical capacity is in place or has already been arranged; and/or <input type="checkbox"/> upgrading for electrical capacity is being sought.
Computers: a sufficient quantity of computers	
c	<input type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
Computer hardware maintenance: adequate arrangements	
d	<input type="checkbox"/> have been made; and/or <input type="checkbox"/> are being sought.
Staff development:	
e	<input type="checkbox"/> all staff have had an appropriate level of training/additional training has been scheduled; and/or <input type="checkbox"/> training is being sought.
f	Additional details: Use this space to provide additional details to help providers to identify the ineligible services you desire.
<div></div>	

Block 4—Recipients of Service

- Section 16—Checkmark the box marked “c” for library systems with BRANCHES
- On the last line “Does your application include INELIGIBLE entities?” If it does not, Check “NO”
- Ineligible entities (libraries that do not meet the definition of a library, etc.) are identified on the USAC website at:
- <http://www.usac.org/sl/applicants/step01/>

Block 4: Recipients of Service	
16 Eligible Entities That Will Receive Services:	
Check the ONE choice (Item 16a, 16b or 16c) that best describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.	
a	<input type="checkbox"/> Individual school or single-site library.
b	<input type="checkbox"/> Statewide application for (enter 2-letter state code) <input type="checkbox"/> <input type="checkbox"/> representing (check all that apply):
	<input type="checkbox"/> All public schools/districts in the state.
	<input type="checkbox"/> All non-public schools in the state.
	<input type="checkbox"/> All libraries in the state.
c	<input type="checkbox"/> School district, library system or consortium application to serve multiple eligible entities (see next page).
Does your application include INELIGIBLE entities? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, complete item 18.	

Block 4—Continued

Number of Eligible Entities and Area Code/Prefix List

- Enter the “Number of eligible entities”—This is the number of library entities (Main and Branches) For a library system with branches, enter the number of branches including the main library.
- List the Area Code and each prefix within that area code for all phone numbers
- Example:

First column	Second Column
573	751 526 522...
800	735 347 392...

Block 4: Recipients of Service (Continued)	
16c (cont.)	School district, library system or consortium application to serve multiple eligible entities: Item 16c, page <input type="text"/> of <input type="text"/>
Number of eligible entities <input type="text"/>	
For these eligible entities, please provide the following:	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of 7-digit phone number)
1) <input type="text"/>	<input type="text"/>
2) <input type="text"/>	<input type="text"/>
3) <input type="text"/>	<input type="text"/>
4) <input type="text"/>	<input type="text"/>
5) <input type="text"/>	<input type="text"/>
6) <input type="text"/>	<input type="text"/>
7) <input type="text"/>	<input type="text"/>
8) <input type="text"/>	<input type="text"/>
9) <input type="text"/>	<input type="text"/>

Block 4—Continued

Recipients of Service

- ▶ Enter the Entity Number you created and your Entity Name

- ▶ Example used earlier was:

Entity Number

XYZ-PUB-LIB-10-01-08

Entity Name

XYZ Public Library

Contact Person _____	Contact Telephone Number _____
Block 4: Recipients of Service (Continued)	
17 Billed Entities Item 17, page <input type="text"/> of <input type="text"/>	
List the entity/entities that will be paying the bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470. Attach additional pages if needed.	
Entity Number	Entity
1) <input type="text"/>	<input type="text"/>
2) <input type="text"/>	<input type="text"/>
3) <input type="text"/>	<input type="text"/>
4) <input type="text"/>	<input type="text"/>
5) <input type="text"/>	<input type="text"/>
6) <input type="text"/>	<input type="text"/>
7) <input type="text"/>	<input type="text"/>
8) <input type="text"/>	<input type="text"/>
9) <input type="text"/>	<input type="text"/>
10) <input type="text"/>	<input type="text"/>
11) <input type="text"/>	<input type="text"/>
12) <input type="text"/>	<input type="text"/>
13) <input type="text"/>	<input type="text"/>

Block 4--Continued

- ▶ You checked “c” on Block 4 and selected that you had no INELIGIBLE entities in your system of branches, you can skip this section. If you have any INELIGIBLE entities, identify them and their telephone Area Code and Prefix here

Entity Number _____ Applicant's Form Identifier _____	
Contact Person _____ Contact Telephone Number _____	
Block 4: Recipients of Service (Continued)	
18 Ineligible Participating Entities: List the names of any entity/entities here Item 18, page _____ of _____ for whom services are requested that are not eligible for the Universal Service Program. Attach additional pages if needed.	
Ineligible Participating Entity	Area Code and Prefix
1) _____	____
2) _____	____
3) _____	____
4) _____	____
5) _____	____
6) _____	____
7) _____	____
8) _____	____
9) _____	____
10) _____	____
11) _____	____
12) _____	____
13) _____	____

Block 5—Certification and Signature

- For Telephone Service only, checkmarks are needed in:

19 “b”

20 and 20 “a” (if you do not have a Technology Plan, contact the State Library)

21

22

23

24

25

26

Block 5: Certification and Signature

- 19 I certify that the applicant includes: (Check one or both.)
- a ☐ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801 (18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).
- 20 ☐ I certify that all of the individual schools, libraries, and library consortia receiving services under this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):
- a ☐ individual technology plans for using the services requested in the application; and/or
- b ☐ higher-level technology plans for using the services requested in the application; or
- c ☐ no technology plan needed; application requests basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.
- 21 ☐ I certify that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology plan goals. I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 22 ☐ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 23 ☐ I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support.
- 24 ☐ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies). I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
- 25 ☐ I certify that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.
- 26 ☐ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.

Block 5—Continued Certification and Signature

- Signature of Authorized Person—must be signed either in pen and mailed or can be digitally signed if input was done online! (see Slide 27 to learn more about the use of a PIN)
- Date format used is 01/01/2009
- Complete ALL appropriate address sections
- Only mail the form if it has not been submitted online
- If you do not have a PIN to digitally sign the form, the Block 6 pages must be mailed to one of the addresses given

Block 5: Certification and Signature (Continued)	
27	Signature of authorized person
28	Date
29	Printed name of authorized person
30	Title or position of authorized person
30	Street Address, P.O. Box, or Route Number
31a	
	City
	State
	Zip Code
31b	Telephone number of authorized person
	Ext.
31c	Fax number of authorized person
31d	E-mail address of authorized person
31e	Name of authorized person's employer
<p>Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests.</p> <p>Please submit this form to:</p> <p>SLD-Form 470 P.O. Box 7026 Lawrence, Kansas 66044-7026 1-888-203-8100</p> <p>For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:</p> <p>SLD Forms ATTN: SLD Form 4703833 Greenway Drive Lawrence, Kansas 66046 1-888-203-8100</p>	

Want to practice before completing the Form 470?

- ▶ <http://usactrain.solixinc.com/TrainingSiteWarning.asp?>
- ▶ This is a training site with fake data and will not result in filing a form—Use your data once you enter the site using the information below:
- ▶ Use the following training login information
 - Billed Entity Name: Brad's School
 - Billed Entity Number: 145909
 - Billed Entity Email: applicant@usac.org
 - Personal Identification Number (PIN): &blahs
 - Authorized Person Last Name: Smith

What will happen with your Form 470?

- ▶ When your Form 470 is received by USAC, you will receive an RNL (Receipt Notification Letter) to add to your E-rate file.
- ▶ Your Form 470 will be posted by USAC at:
<http://www.universalservice.org/sl/tools/search-tools/form470-search-posted.aspx>
- ▶ After being posted for 28 days, if you have not received any offers from any competing companies, you should send yourself an email stating that “no vendor offers were received”, print the email and add it to your file. Then you can begin to work with your local telephone company as your vendor.
- ▶ If you receive offers, you must evaluate the offers and select one—see next slide.

Multiple Offers

- ▶ If you receive multiple offers, best practice says you should evaluate them using a grid where price is the primary factor. You decide upon the criteria and weight for each. Print the grid and add it to your documentation. An example from the USAC website is shown below:

http://www.usac.org/res/documents/sl/pdf/2007_training/sample-s-checklist-vendor-selection-templates.pdf?WT.mc_id=sl-newsbrief-20081114

Bid Evaluation Matrix (Points Based) SAMPLE

There have been many requests for USAC to provide guidance with respect to what information should be included as you conduct your bidding process. Below is an example of information that may be helpful. In addition, retaining this type of information will be very helpful if USAC requests this information in the future. This example is not mandatory or intended to serve any other purpose than to respond to requests for guidance.

In this example, each factor is worth the same number of points as the weighting percentage. Vendors are rated on how well they met each factor. The entries for all factors are then totaled for each vendor. The winning bidder is the one with the highest number of total points. The cost of the eligible goods and services must be weighted most heavily.

No	Factors	Total Points Available	Vendor 1 143xxxxxx ABC Inc.	Vendor 2 143xxxxxx DEF Inc.	Vendor 3 143xxxxxx GHI Inc.	Vendor 4 143xxxxxx JKL Inc.
1	<i>Cost of the Eligible Goods and Services</i>	40 *	38	25	38	0
2	<i>Experience</i>	20	18	17	20	0
3	<i>Availability</i>	10	10	8	7	0
4	<i>Minority Business Status</i>	10	6	9	9	0
5	<i>In State Preference</i>	10	3	7	10	
6	<i>Cost of the Ineligible products</i>	5	4	1	5	
7	<i>Project Management Expertises</i>	5	2	1	5	
Total Points		100	81	68	94	0

* This number must be higher than all of the other numbers in this column.

Winning Bidder:

Vendor 3 (GHI, Inc.) is the winning bidder because it has the highest total points.

Disqualified Bidders:

Bidder Reason for Disqualification

JKL Inc. All interested bidders received two weeks' notice of a required pre-bid conference.

JKL Inc. did not attend this conference and did not provide a reason for its absence.

Receiving a PIN for Digital Signing

- ▶ When you fill in the form online, print the final document. Sign the signature block and mail it to the address shown on slide 22.
- ▶ When the signature is received, a PIN is sent to you within a week of verification.
- ▶ Like any password, the PIN is not to be shared.
- ▶ For changes in personnel, DO NOT reuse a previous staff PIN!
- ▶ PIN FAQ:

<http://www.universalservice.org/sl/tools/search-tools/applicant-pin-faqs.aspx#1>



Notes:

- Keep a copy of all forms submitted in event a question comes up.
- If you get a call from a USAC reviewer, write down the person's name (ask the reviewer to spell the name if there is any doubt), date and time of the call, and keep notes as to what the person said. You can always ask for more time to review your records or consult with Rebecca Miller of MOREnet before providing answers. ALWAYS ask for any decisions or extension of time granted to you by the reviewer be confirmed in an email from the reviewer and keep the email printout with your other E-rate records!
- Electronic filing of the Form 470 is processed faster than mailed forms.
- You can complete multiple 470 forms or put all of the requests on one but multiple forms are preferred. If the request is denied because of a problem with one part, all of the award is lost if they are filed together.
- Call your telephone company or companies and ask for their Service Provider Identification Number (SPIN) for E-rate, you will need the SPIN Number for the next step, Form 471—You can also find the SPIN by using the tool on the E-rate website (see next slide for an example):
- http://www.sl.universalservice.org/Forms/SPIN_Contact_Search.asp

SPIN Search

You will need to know the “Service Provider Identification Number” for your telephone company to continue the process. You can get it by calling the phone company or using the USAC SPIN search at:

http://www.sl.universalservice.org/Forms/SPIN_Contact_Search.asp

Search for a SPIN and BEAR Contact by entering the Service Provider's Name or SPIN and click *Next*

Enter the Service Provider's full legal name. If you don't know the full legal name, you can do a "wildcard" search using part of the name and ending with %.

When doing a wildcard search, enter as many characters as possible (at least 3) prior to the %. Remember, you must click NEXT in order to start the search.

Name:

OR

Enter the Service Provider's full SPIN.

SPIN:

Show how many results per page (Default: 10, Max: 99)?

[Previous](#)

[Clear Form](#)

[Next](#)

Below are the results of SPIN search for embar%
Note that there were 20 entries found:

SPIN Contact Search Results - Windows Internet Explorer

http://www.sl.universalservice.org/Forms/spin_contact_display.asp

company has not yet been researched by the SLD to determine if it is eligible to provide telecommunications services. Applicants are reminded that they should confirm this and all other information with their Service Provider.

Page 3 of 3
Results 21 - 22 of 22

SPIN	Service Provider Name	Contact Name	Contact Address	Contact Phone	Eligible Telecomm Provider	SPAC Filled
143002131	Embarq Minnesota, Inc. FKA Sprint	Doris M Roman	151 Southhall Ln FLMTDD0401-4128, Maitland, FL 32751-7176	877231-3850	Y	1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008
143005250	Embarq Missouri, Inc.	Doris M Roman	151 Southhall Ln FLMTDD0401-4128, Maitland, FL 32751-7176	877231-3850	Y	1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008

[New Search](#) [Prior Results: 11 - 20](#) [Done](#) [Go To Page >>](#)

Questions? Contact:

Rebecca Miller MillerRJ@more.net (573) 884-2146

Jean Morrison Jean.Morrison@sos.mo.gov (800) 325-0131 Ext. 11

Resources

▶ USAC E-rate Website links:

- On the Web: www.universalservice.org/sl
- <http://www.usac.org/sl/applicants/step01/>
- <http://www.universalservice.org/sl/tools/deadlines/default.aspx>
- <http://www.sl.universalservice.org/menu.asp>
- <http://www.universalservice.org/sl/tools/required-forms.aspx>
- <http://www.universalservice.org/sl/tools/eligible-services-list.aspx>
- <http://www.universalservice.org/sl/tools/eligible-services-list.aspx>
- http://www.usac.org/_res/documents/sl/pdf/2007_training/samples-checklist-vendor-selection-templates.pdf?WT.mc_id=sl-newsbrief-20081114
- http://www.sl.universalservice.org/Forms/SPIN_Contact_Search.asp
- <http://www.universalservice.org/sl/tools/search-tools/form470-search-posted.aspx>

▶ MOREnet Links:

- <http://www.more.net/services/e-rate.steps.html>
- <http://www.more.net/services/e-rate/resources/statistics/index.html>

▶ ALA Training and Advisement Provided by:

- Linda Schatz, ALA E-rate Task Force Chair

Electronic Form Filing

- ▶ Go to the Form 470 website
- ▶ Under Form 470, click on the “Create Form 470” button

<http://www.sl.universalservice.org/menu.asp>

Do you think your school or library is eligible for Schools & Libraries Program discounts? Check the [Applicant](#) section of this website for detailed program information.

The buttons below allow you to: file a program form, continue with an incomplete form, certify a form, determine an entity's eligibility for Internal Connections requests on the Form 471 under the [Two-in-Five Rule](#), check an FRN's (Funding Request Number) deadline extension status, or search for an entity number.

The "Create Form 471" button below takes you to the item-by-item format of the online Form 471. The "Form 471 Interview" button will guide you through the application in a simple question and answer format. If you need assistance at any time refer to the [Form 471 Instructions](#) on this website or contact our Client Service Bureau at the toll-free number (1-888-203-8100) listed at the bottom of each page.

Caution: Do not use your browser 'Back' and 'Forward' buttons to navigate these applications. The 'Enter' key also should not be used. Use only the buttons located on the web pages to move through your application.

Form 470	Form 471	Form 486	Utilities
Description of Services Requested and Certification Form	Services Ordered and Certification Form	Receipt of Service Confirmation Form	
Form 470 Interview	Form 471 Interview	Form 486 Interview	BEAR Online
Create Form 470	Create Form 471	Create Form 486	FRN Extension Status
Search Posted	Continue Incomplete	Continue Incomplete	Entity Search
Continue Incomplete	Certify Complete	Display	Two-In-Five Tool
Certify Complete	Display	Certify Complete	
	Application Status		
	Item 21 Attachment		
	Item 21 Training		

Applicants ▼

Service Providers ▼

Reference Area

SL Forms

Data Requests

Funding Commitments ▼

Site Map

PIN Request Area

APPLY ONLINE

[Apply Online!](#)

[View Forms](#)

Search Site

Enter Keyword

[go](#)

Get the most out of your search query by viewing [Search TIPS!](#)

Finding Your Entity

- ▶ Enter your Zip Code to find your Entity if you do not know your Entity Number
- ▶ A list of entities with the same Zip Code will come up
- ▶ Click on the radio button in front of the agency that receives your telephone bills and click Next>>

Application Selection Criteria - Windows Internet Explorer

http://usactrain.solvinc.com/form470/criteria.asp?criteria=new

Application Selection Criteria

SLD Home Site Map Search Site Contact SLD

Schools and Libraries Service Program
Description of Services Requested and Certification Form
New Form 470 Application

Be sure to review the Form 470 Instructions, available in the Applying for Discounts: Step-by-Step Section of the SLD Web Site (<http://www.sl.universalservice.org/reference/y4ez470guide.asp>). And remember, if you need additional help while you are filing your Form 470 online, click on the "Help" button in the upper right hand corner of each screen.

Attention MAC Users! If you are using Internet Explorer to access the online forms, you may have to double click the navigation buttons.

Enter Zip Code or Entity Number and Click Next:

Zip Code:

OR

Entity Number:

<< Previous Next >>

Questions about the SLD Program? Call our Client Service Bureau at (888) 203-8100.

For web site questions or comments please use the [Get Help!](#) form.

SLD Home Site Map Search Site Contact SLD

Select your school or library for
Zip Code: 65102

If after careful review, your entity is not found, please contact the SLD Client Service Bureau at 1-888-203-8100 for assistance.

Entity Number	Name	Street Address
<input checked="" type="radio"/> 137334	DIOC OF JEFFERSON CITY SCHOOLS	613 CLARK AVE,
<input type="radio"/> 200271	MISSOURI STATE LIBRARY	600 WEST MAIN ST.,PO BOX 387
<input type="radio"/> 220927	OFFICE OF ADMINISTRATION-DP&T	TRUMAN BUILDING, ROOM 280,
<input type="radio"/> 200114	OFFICE OF ADMINISTRATION-DP&T	TRUMAN BUILDING ROOM 280,PO BOX 809

<< Previous Next >>

Applicant's Form Identifier:

- ▶ An information box may come up, read the warning, then click OK to close it
- ▶ Use the information from your written form to enter the Applicant's Form Identifier you created in the box above Block 1

The screenshot shows a Windows Internet Explorer window. At the top, a warning message box is displayed with a yellow triangle icon. The message reads: "Please verify the information in Block 1, Items 1 and 4 (a - c) are correct. If the information is incorrect, you cannot file a Form 470 at this time. Please call the Schools and Libraries Client Service Bureau at 1-888-203-8100 to correct your information. After your information has been corrected, you will need to create a new Form 470." Below the message is an "OK" button.

Below the warning box, the "Applicant's Form Identifier:" field is visible, with the text "XYZ-PUB-Lib_10-". To the right, the "Form 470 Application #:" field is visible, with the text "145909".

The main form is titled "Block 1: Applicant Address and Identifications". It contains the following sections:

- 1. Name of Applicant (30 characters max.):** Brads School
- 2. Funding Year:** Year 2009: 07/01/2009 through 06/30/2010
- 3. Your Entity Number (up to 10 digits):** 145909
- 4a. Applicant's Street Address, P.O. Box, or Route Number:** Test
- City:** Test
- State:** IL
- Zip Code:** 62260
- b. Telephone number:** (618) 555 - 5555
- c. Fax number:** () -
- 5. Type Of Applicant:**
 - ☐ Individual School (individual public or non-public school)
 - ☐ School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)
 - ☒ Library (including library system, library outlet/branch, or library consortium as defined under LSTA)
 - ☐ Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)
- 6a. Contact Person's Name:** Your Name Here
- 6b. Street Address, P.O. Box, or Route Number:**

Block 1—Applicant Address/Identification

- ▶ Use the drop down to select the funding year
- ▶ Skip down to 6a. and enter the name of the contact person who is completing the form
- ▶ If the address is the same, you can either click on the bar “Copy 4a–c above to 6b–d below” to have the information duplicated **OR** Checkmark the box below 6b to indicate duplicate information
- ▶ If the address is different, enter the address in 6b through 6d
- ▶ Enter an email address in 6e (not shown on the screenshot)
- ▶ Select one as your preferred mode of contact from 6c through 6e

Block 1: Applicant Address and Identifications

1. Name of Applicant (30 characters max.)
OFFICE OF ADMINISTRATION-DP&T

2. Funding Year:
- Select Funding Year -

3. Your Entity Number (up to 10 digits)
200114

4a Applicant's Street Address, P.O. Box, or Route Number
TRUMAN BUILDING ROOM 280
PO BOX 809

City: JEFFERSON CITY State: MO Zip Code: 65102 -

b. Telephone number (573) 751 - 3290 ext. C. Fax number (573) 751 - 3299

5. Type Of Applicant
☐ Individual School (individual public or non-public school)
☐ School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)
☐ Library (including library system, library outlet/branch, or library consortium as defined under LSTA)
☐ Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries)

6a. Contact Person's Name: Copy 4a-c above to 6b-d below

First, if the Contact Person's Street Address is the same as in Item 4 above, check this box. ☐ If not, please complete the entries for the Street Address below.

6b. Street Address, P.O. Box, or Route Number

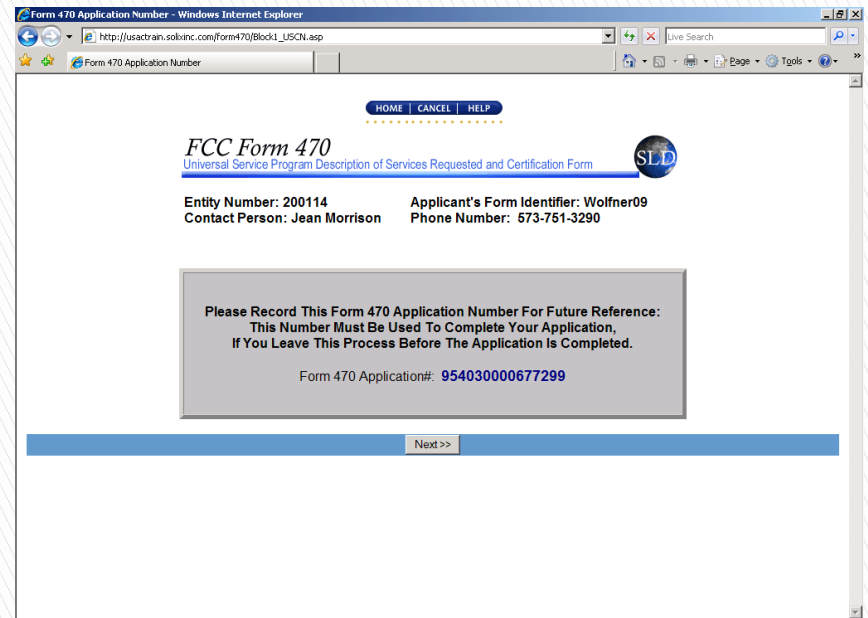
City: State: Zip Code: -

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

☐ 6c. Telephone Number () - ext. ☐ 6d. Fax Number () -

Your Application Number

- ▶ A screen will come up with your application number on it
- ▶ WRITE THIS NUMBER DOWN—you will need it in event you get timed out or you need to stop and come back to the application later
- ▶ Click Next>>




The screenshot shows a web browser window titled "Form 470 Application Number - Windows Internet Explorer". The address bar displays the URL "http://usactran.solvinc.com/form470/Block1_USCN.asp". The page content includes a navigation bar with "HOME", "CANCEL", and "HELP" links. Below this, the title "FCC Form 470" is displayed, followed by the subtitle "Universal Service Program Description of Services Requested and Certification Form". A logo for "SLD" is visible on the right. The page lists the following information: "Entity Number: 200114", "Contact Person: Jean Morrison", "Applicant's Form Identifier: Wolfner09", and "Phone Number: 673-751-3290". A central gray box contains the instruction: "Please Record This Form 470 Application Number For Future Reference: This Number Must Be Used To Complete Your Application, If You Leave This Process Before The Application Is Completed." Below this instruction, the "Form 470 Application#" is displayed as "954030000677299". At the bottom of the page, there is a blue bar with a "Next>>" button.

Block 2

- ▶ Click 7a to select “Tariffed or month-to-month services to be provided without a written contract. A new Form 470 must be filed for non-contracted tariffed or month-to-month services for each funding year. “
- ▶ Click Next>>

[HOME](#) | [CANCEL](#) | [SAVE & EXIT](#) | [HELP](#)

FCC Form 470
Universal Service Program Description of Services Requested and Certification Form



Approval by OMB
3080-0808

Entity Number: 200114 Applicant's Form Identifier: Wolfner09
Contact Person: Jean Morrison Phone Number: 573-751-3290

Block 2: Summary Description of Needs or Services Requested

7 This Form 470 describes (check all that apply):
a. ☒ Tariffed or month-to-month services to be provided without a written contract. A new Form 470 must be filed for non-contracted tariffed or month-to-month services for each funding year.
b. ☐ Services for which a new written contract is sought for the funding year in Item 2.
Check if you are seeking ☐ a multi-year contract and/or ☐ a contract featuring voluntary extensions
c. ☐ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.
NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous funding year OR a contract signed on/before 7/10/97 and previously reported on a Form 470 as an existing contract do NOT require filing of a Form 470.

FCC Form 470
November 2004

[<< Previous](#) [Reset](#) [Next >>](#)

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Information Box

- ▶ An Information box will come up
- ▶ Click OK

IMPORTANT: Please read the following:

You will now provide details about the services you are seeking so that vendors may respond appropriately. You will be guided through separate screens for Telecommunications Services, Internet Access, Internal Connections Other than Basic Maintenance and/or Basic Maintenance of Internal Connections and have an opportunity to provide information on services you seek (if any) in each category.

Please Note:

- If you checked Item 7a, you must provide information on the Telecommunications Services and/or Internet Access screen.
- If you checked Item 7b, you must provide information on the Telecommunications Services and/or Internet Access and/or Internal Connections Other than Basic Maintenance and/or Basic Maintenance of Internal Connections screen.

Please use all of the screens that apply to the services you seek.

OK

Block 2 Telecommunications Services

- ▶ Select 8 “Telecommunications Services”
- ▶ If you have no RFP posted, select “b”
- ▶ Choose from the choices on line “c”, remember ALA recommends the middle choice, but you can select any of the three
- ▶ Under Service or Function: Enter “Local and Long Distance Telephone” You can enter “Toll-Free Telephone” as well if you have a toll-free line
- ▶ Under “Quantity and/or Capacity” enter the number of telephone numbers you have. If in doubt about a few, enter a number larger than what you have. Such as if you think you have 18, you can enter 20 or more, because this number is an estimate but you can not add more later
- ▶ Click Next>>

Block 2: Summary Description of Needs or Services Requested

What kinds of services are you seeking for Telecommunications Services? (Refer to the Eligible Services List at www.sl.universalservice.org for examples). Please answer the questions below if you select this category.

8 ☒ Telecommunications Services

Do you have a Request for Proposal (RFP) that specifies the services you are seeking? If you check YES, your RFP must be available to all interested bidders for at least 28 days. If you check YES and your RFP is not available to all interested bidders, or if you check NO and you have or intend to have an RFP, you risk denial of your funding requests.

a ☐ YES, I have released or intend to release an RFP for these services. It is available or will become available on the Web at or via (check one):

☐ the Contact Person in Item 6 or ☐ the contact listed in Item 12.

b ☒ NO, I have not released and do not intend to release an RFP for these services.

Whether you check YES or NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Telecommunications services. Remember that only eligible telecommunications providers can provide these services under the universal service support mechanism. Attach additional lines if needed.

c ☐ Check this box if you prefer discounts on your bill. ☒ Check this box if you prefer reimbursement after paying your bill in full. ☐ Check this box if you do not have a preference.

Service or Function:

Local and Long Distance Telephone

Quantity and/or Capacity:

10

Block 2 Internet Access

- ▶ You are not filing for Internet Access, this is what your letter of Agency (LOA) allows MOREnet to file for E-rate on your behalf in order to provide your Internet Access
- ▶ If you have an additional Internet Access Provider, consider filing a separate Form 470 for reimbursement for that provider's fee
- ▶ Skip this screen by scrolling to the bottom and clicking **Next>>**

[illegible]

Block 2 Internal Connections Other than Basic Maintenance

- ▶ You are not filing for “Internal Connections Other than Basic Maintenance”
- ▶ If you are in a high percentage of Free & Reduced Lunch school district (greater than 80%), consider this for a separate Form 470, but do not enter anything on this Telecommunications Form 470
- ▶ Scroll to the bottom and click **Next>>**

[illegible]

Block 2 Basic Maintenance of Internal Connections

- ▶ You are not filing for “Basic Maintenance of Internal Connections”
- ▶ If you are in a high percentage of Free & Reduced Lunch school district (greater than 80%), consider this for a separate Form 470, but do not enter anything on the Telecommunications Form 470
- ▶ Scroll to the bottom and click **Next>>**

[illegible]

Block 2—Technical Information

Contact Information

- ▶ Item 12—Optional You probably do not have a second person who can offer information, but if you do, enter that person's name and contact information here
- ▶ Item 13a and 13b read and answer or do not answer appropriately, most will have no restrictions
- ▶ Scroll to the bottom and click **Next>>**

Block 2: Summary Description of Needs or Services Requested	
12. (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the Authorized Person who signs this form.	
Name:	Title:
<input type="text"/>	<input type="text"/>
Telephone number	Ext.
(<input type="text"/>) <input type="text"/> - <input type="text"/>	<input type="text"/>
Fax number	
(<input type="text"/>) <input type="text"/> - <input type="text"/>	
E-mail Address	
<input type="text"/>	
13a. <input type="checkbox"/> Check this box if there are any restrictions imposed by state or local laws or regulations on how or when service providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or a Web address where they are posted and provide a contact name and telephone number.	
<input type="checkbox"/> Check this box if no state and local procurement/competitive bidding requirements apply to the procurement of services sought on this Form 470.	
<input type="text"/>	
13b. If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, you may summarize below(including the likely timeframes). If you are requesting services for a funding year for which a Form 470 cannot yet be filed online, include that information here.	
<input type="text"/>	

Block 3: Technology Resources

- ▶ Checkmark 14
- ▶ Do not checkmark any of the items under 15; these are for vendors to use to contact you with services offerings
- ▶ Click **Next>>**

Block 3: Technology Resources

14. ☐ **Basic telephone service only:** If your application is for basic telephone service and voice mail only, check this box and skip to Item 16. Basic telephone service is defined as wireline or wireless single line voice service (local, cellular/PCS, and/or long distance) and mandatory fees associated with such service (e.g., federal and state taxes and universal service fees).

15. Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check one or both boxes in 15a through 15e. You may provide details for purchases being sought.

a. Desktop software: Software required ☐ has been purchased; and/or ☐ is being sought.

b. Electrical systems: ☐ adequate electrical capacity is in place or has already been arranged; and/or ☐ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☐ has been purchased; and/or ☐ is being sought.

d. Computer hardware maintenance: adequate arrangements ☐ have been made; and/or ☐ are being sought.

e. Staff development: ☐ all staff have had an appropriate level of training/additional training has already been scheduled; and/or ☐ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the ineligible services you desire.

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Block 4–Recipients of Service

- ▶ Section 16, for library with branches, select “c”
- ▶ “Does your application include INELIGIBLE entities?” select “No” unless your library system includes branches that do not meet the LSTA definition of a library—see USAC link to this information on the References slide
- ▶ Leave all of the bottom boxes empty, scroll to the bottom and select **Next>>**

Block 4: Recipients of Service

16. Eligible Entities That Will Receive Services:

Check the ONE choice (Item 16a, 16b or 16c) that best describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

a. ☒ Individual school or single-site library.

b. ☐ Statewide application (check all that apply):

You must select a state if (b) is selected:

<Select from the list>

☐ All public schools/districts in the state:

☐ All non-public schools in the state:

☐ All libraries in the state:

c. ☐ School district, library system, or consortium application to serve multiple eligible entities:

Does your application include INELIGIBLE entities? ☒ No ☐ Yes. If yes, complete Item 18.

Number of eligible entities	
For these eligible entities, please provide the following	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Block 4: Listing Recipients of Service

- ▶ Enter your Zip Code or Entity Number and click Search to find your Library (and possibly Branches) that receive the telephone bills

Block 4: Listing Recipients of Service

17. Billed Entities: List the entity/entities that will be paying the bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470.

Please click on the Help button for specific instructions about completing this page

Zip Code: OR Entity Number:

Please select at least one Billed Entity. You may do multiple searches to add all eligible billed entities on this application.

Selection List		Billed Entity(ies)
<select from list>	<input type="button" value="Add All >>"/>	<select from list>
	<input type="button" value="Add >"/>	
	<input type="button" value=" < Remove"/>	
	<input type="button" value=" << Remove All"/>	

Block 4: Listing Recipients of Service

- ▶ Select the name of the entity(s) that receives the bill in the left section
- ▶ TIP: This may seem confusing, think about the locations where one entity such as the city receives the bill for the library or a library system where one library receives the bill for all of the branches
- ▶ Click Add to move the name(s) of the entity or entities that receive the bill to the box on the right, repeat for all branches that receive bills in their names
- ▶ Click Next>>

Block 4: Listing Recipients of Service

17. Billed Entities: List the entity/entities that will be paying the bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed. If a Billed Entity cited on your Form 471 is not listed below, funding may be denied for the funding requests associated with this Form 470.

Please click on the Help button for specific instructions about completing this page

Zip Code: OR Entity Number:

Please select at least one Billed Entity. You may do multiple searches to add all eligible billed entities on this application.

Selection List		Billed Entity(ies)
<select from list> DEPT OF ELEMENTARY & SECONDARY ED. DIOC OF JEFFERSON CITY SCHOOLS MISSOURI STATE LIBRARY OFFICE OF ADMINISTRATION-DP&T OFFICE OF ADMINISTRATION-DP&T	<input type="button" value="Add All >>"/> <input type="button" value="Add >"/> <input type="button" value="Remove <"/> <input type="button" value="Remove All <<"/>	<select from list>

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Billed Entities

- ▶ This is a confirmation of selections you made in the previous screen. It is a list of who receives the bill, it may be the same as the library but if the library is a sub-entity of a city or county, that office may be receiving the bill

- ▶ Click **Next>>**

[HOME](#) | [CANCEL](#) | [SAVE & EXIT](#) | [HELP](#)

FCC Form 470
Universal Service Program Description of Services Requested and Certification Form



Approval by OMB
3060-0806

Entity Number: 200114 **Applicant's Form Identifier:** Wolfner09
Contact Person: Jean Morrison **Phone Number:** 573-751-3290

Billed Entities

Entity Number	Entity
200114	OFFICE OF ADMINISTRATION-DP&T

FCC Form 470
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Block 6—Certifications

Read each one before you select!

- ▶ Check Item 19 and check box “b” for Libraries
- ▶ Check Item 20 and check “a” if you have a current, approved technology plan on file at the State Library. If you do not have a Technology Plan because you do not get your Internet Access from MOREnet or do not have Internet access at your library, checkmark “c”
- ▶ Checkmark Item 21

Block 5: Certification and Signature

19. ☒ I certify that the applicant includes:(Check one or both.)
- a. ☐ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C.Secs.7081(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).
20. ☒ I certify that all of the individual schools, libraries, and library consortia receiving services under this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, an SLD-certified technology plan approver, prior to the commencement of service. The plans were written at the following level(s):
- a. ☒ individual technology plans for using the services requested in the application; and/or
- b. ☐ higher-level technology plans for using the services requested in the application; or
- c. ☐ no technology plan needed; application requests basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only
21. ☒ I certify that I will post my Form 470 and (if applicable) make my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted will be carefully considered and the bid selected will be for the most cost-effective service or equipment offering, with price being the primary factor, and will be the most cost-effective means of meeting educational needs and technology plan goals. I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

Certifications, Continued

- ▶ Read and Checkmark 22, 23, 24, 25, 26
- ▶ NOTE: Item 24 is the reason ALA is recommending that your library board take action to “authorize” you to file E-rate.

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than the services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

23. ☒ I acknowledge that support under this support mechanism is conditional upon the school(s) and/or library(ies) I represent securing access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support.

24. ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies). I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. ☒ I certify that I have reviewed all applicable state and local procurement/competitive bidding requirements and that I have complied with them. I acknowledge that persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

26. ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program.

Certifications, Continued

- ▶ There is no Item 27 or 28 in the online form (this was the signature and date signed on the paper copy)
- ▶ Item 29 is the name of the person who provides the Authorized Signature (the person with the PIN)
- ▶ Supply address and contact information for that person
- ▶ At the bottom of this screen is the address to send the signature to
- ▶ Scroll to the bottom and click **Next>>**

29. Printed name of authorized person	John Doe		
30. Title or position of authorized person	Director		
31a. Street Address, P.O. Box, or Route Number:	600 West Main		
City:	Jefferson City	State:	MO
Zip Code:	65102		
31b. Telephone number of authorized person:	(573)	751	- 0158 ext.
31c. Fax number of authorized person:	(573)	751	6312
31d. Email address of authorized person:	John.Doe@sos.mo.gov		
31e. Name of authorized person's employer:	Secretary of State		

Service provider involvement with preparation or certification of a Form 470 can taint the competitive bidding process and result in the denial of funding requests. For more information, refer to the SLD web site at www.sl.universalservice.org or call the SLD Client Service Bureau at 1-888-203-8100.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator. 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC

Printing a Copy for Your Records

- ▶ Click the “**Print Preview**” button and print the document
- ▶ When certain that it is correct and complete, click **Submit**
- ▶ If you have an electronic PIN, you can enter it to sign
- ▶ If you have no PIN, a signature page will be printed and mailed to the address provided on the bottom of the page shown on the previous slide
- ▶ Sign and mail the signature block
- ▶ You will receive a Receipt Notification Letter “RNL” in the mail, but the form will not be posted until the signature is received and verified
- ▶ If you made any errors, the RNL will give you the opportunity to make corrections

The screenshot shows a web browser window titled "Block 5 Certification Instructions Page - Windows Internet Explorer". The address bar shows the URL: http://usactran.solvinc.com/Form470/FY8_Block5_Instructions.asp. The page content is titled "470 Schools and Libraries Universal Service Program Description of Services Requested and Certification Form". It includes instructions for users to verify their information, print a copy, and submit the form. A blue box highlights the final steps in the process. The page also includes a "Print Preview" button and a "Submit" button. At the bottom, there is a copyright notice: "1997 - 2008 ©, Universal Service Administrative Company, All Rights Reserved".

Block 5 Certification Instructions Page - Windows Internet Explorer

http://usactran.solvinc.com/Form470/FY8_Block5_Instructions.asp

Block 5 Certification Instructions Page

FCC Form

Approval by OMB
5000-0806

470

Schools and Libraries Universal Service
Program Description of Services Requested
and Certification Form

At this point you have filled in all information for the Form 470 application. The final steps in the process are to:

a. Verify a final time that all information is correct in each block you have completed. Use the "Print Preview" button at the bottom of this screen to review your work. If you decide that you need to make corrections, hit "Previous" to go back and make changes.

Use your browser to print a copy of the Form 470. Click on your browser's "File" button, and select the "Print" option while you are using "Print Preview".

Click the "Submit" button at the bottom of this screen to electronically submit your Form 470 to the SLD.

IMPORTANT NOTE: by clicking "Submit" you are simultaneously releasing your completed application to the SLD for posting.

b. You must click "Submit" to file your Form 470 and begin the required 28-day posting period. If you do not click "Submit," you MAY NOT file a Form 471 pursuant to a Form 470.

PLEASE NOTE: After you "submit" this Form 470, you have one more step to complete. The next screen will describe the certification process for the Form 470. You will be given the choice to certify (sign) this Form 470 either electronically via a PIN system, or manually by printing out a certification page for signature.

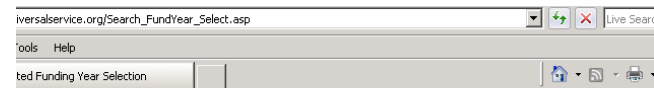
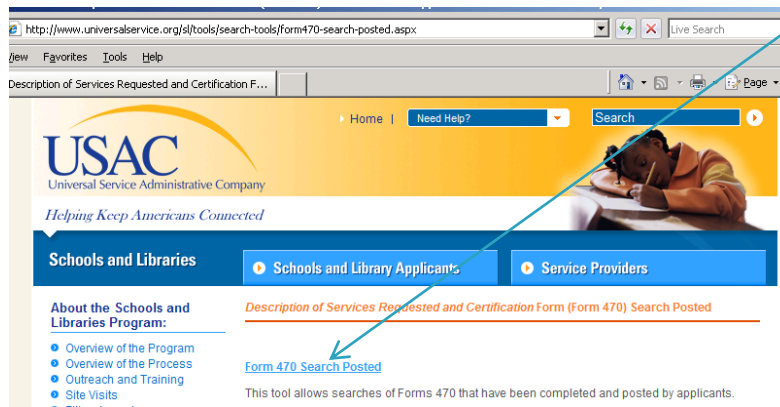
<< Previous Submit Print Preview

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Find Your Form 470 Posting

- You can check the USAC website to see what date your Form 470 was Posted at:

<http://www.universalservice.org/sl/tools/search-tools/form470-search-posted.aspx>



SLD Home Site Map Search Site Contact SLD

Search Posted Form 470 Applications

In this section, you may view the Form 470 Application(s) that have been posted to the SLD web site

Step 1: Select the Funding Year for which the Form 470 was posted.
Click the "Next" button to proceed.

Funding Year: Year 2009 (07/01/2009 - 06/30/2010)

<< Previous Next >>

Click Next>>

Enter your Zip Code, Library, and Tariffed Services and click Next>>

http://www.sld.universalservice.org/Form470/search.asp
View Favorites Tools Help
Search Applications

SLD Home Site Map Search Site Contact SLD

Search Posted Form 470 Applications For Funding Year 2009

Step 2 (Mandatory) Enter one of the following combinations of criteria to search for posted Forms 470.

Applicant Name OR	Form 470 Application Number OR
Zip Code OR	Area Code and/or Prefix OR
State OR	Application Completed Date AND
Entity Number OR	Application Type (Required)

After choosing the criteria for Step 2, you may go to search results by clicking the "Next" button at the bottom of the page OR you may limit your results further by following Steps 3 - 4.

Applicant Name: OR Zip Code: 65102 OR State:
OR Entity Number: OR Form 470 Application Number: OR Applicant's Form Identifier: OR Area Code: (Optional) Prefix:
OR Application Completed on or after date (mm/dd/yyyy):
OR Applicant Type: ☐ Individual School ☐ School District ☒ Library ☐ Consortium
AND Application Type: ☒ Tariffed Services ☐ Month-to-month services ☐ New Contracts ☐ Existing Contracts
☐ All

Show how many results per page (Default: 10, Max: 99): 10

<< Previous Clear Form Next >>

Find Your Form 470 Posting

A list will come up of all of the Form 470 that have been filed in your Zip Code

Click on the dot in the left column that is in front of your listing

Click on Review Selected Application

Look for the date “Certification Received Date”

You must wait at least 28 days after this date before filing a Form 471-Services Ordered

http://www.sl.universalservice.org/form470/FY8_Search_Select.asp

View Favorites Tools Help

Search Results

SLD Home Site Map Search Site Contact SLD

Search for Applications

Page: 1 of 1

	Applicant Name	Type	Form 470 Application #	Telcomm	Internal	Internet	Internal MNT
•	OFFICE OF ADMINISTRATION-DP&T	LIBRARY	612010000685788	Y	N	N	N

1 - 1 of 1

New Search

Review Selected Application

http://www.sl.universalservice.org/form470/FY8_ReviewAll.asp

File Edit View Favorites Tools Help

Form 470 Review

FCC Form

470

Schools and Libraries Universal Service
Description of Services Requested
and Certification Form

Approval by OMB
3000-0809

Estimated Average Burden Hours Per Response: 4.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator website and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this application. (To be completed by entity that will negotiate with providers.)

Block 1: Applicant Address and Identifications

Form 470 Application Number: 612010000685788

Applicant's Form Identifier: WOLF-09

Application Status: CERTIFIED

Posting Date: 11/03/2008

Allowable Contract Date: 12/01/2008

Certification Received Date: 11/17/2008